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An Inaugural Dissertation

Upon
Hepatitis

Submitted to the examination of the Professors of the Faculty of Medicine in
the University
of Pensylvania

for the Degree of M D

by Charles H Warfield

admitted March 4. 1810

Introduction

In presenting the following Dissertation, I institute no claim to originality. There is such a thirst for novelty in the present day, that something new, appears essential, to elevate a person to eminence, or even respectability, in their professions. We disclaim all such ambition; and resign to others, those prospects of perennial fame, accruing from dressing in a new guise, theories taught, and forgotten, with "years before the flood," but now palmed upon the world, as the offspring of their prolific brains. It may perhaps be imagined, that nothing has a greater tendency to chill the energies of genius, and damp laudable emulation, than the sentiment, that in this enlightened age of medical science, we should be contented with an acquaintance, and appropriation, of the knowledge, and discoveries, of those who have preceded us. Rather than give loose to the imagination, and launch into the boundless, and devious fields of hypotheses, and speculation, be it our humbler province, to lay down judicious principles, and rules, for the treatment of diseases. In this exercise, our object has been to describe accurately, the symptoms, causes, terminations, and treatment of Hepatitis; a disease, from which, few are exempt, and more especially assails those, who indulge in the gratification of their propensities, and appetites, and is a very frequent concomitant, upon the intemperance of warm climates

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The Liver is the largest viscus in the body, and in consequence of its complete sovereignty over the digestive process, holds a very important rank in the animal economy. Previous to entering into a description of the diseases, to which the liver is exposed, it will be necessary to give, a concise anatomical, and physiological account of it. The liver is a large glandular body, situated in the right hypochondrium, extending thro' the epigastric, and a part of the left hypochondriac regions, and in the foetus, fills nearly the whole abdomen, and covers the stomach, and is in contact with the spleen. Being in the adult placed immediately under, and in contact with the diaphragm, as well as the right hypochondrium, partakes of their form, and is concave below, and convex above. Thus situated, it is of an irregular figure, between the circle, and oval, broader at the right side than the left, and very irregular in thickness. The edge which is in contact with the right hypochondriac region, is very thick — it gradually becomes thinner towards the left, and front. The liver is smooth, and regular, upon its upper surface, upon its under concave surface, made rough by several grooves, or fissures, and eminences. This organ is retained in its situation, by several ligaments; but it

must be confessed, that it is susceptible of considerable motion, by respiration, the action of the diaphragm, and positions of the body. Besides the four ligaments, which are reflections of the peritoneum, including the umbilical vein in the foetus, degenerated into a ligament in the adult, the vena cava, vena portarum, hepatic artery, venae cavae hepaticae (to be explained presently) a distended state of the stomach, and colon, touching the liver on its anterior edge, may also be considered as auxiliary supports to this viscus. Its fissures are, the umbilical, which commences at a notch in the anterior edge of the liver, to the left of the middle, and continues to the posterior edge. Where this fissure begins, the umbilical ligament enters, and at, or near its termination, the vena cava, is situated. This fissure divides the liver into its great lobes, the right and left. Another great fissure, called the transverse, or principal, commencing in the right lobe, and extending to the left, crosses the first at right angles. It is very deep, and nearer the posterior, than the anterior edge of the liver. Near to the right extremity of this fissure, the vena portarum, and the hepatic artery enter, and the hepatic duct emerges. About the middle of the fissure, are situated two prominences, one on each side, which were called the portae. Besides the great lobes above men-

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=tioned, there are two, or three prominent parts on the concave surface, denominated lobes,- one of which is called Lobulus Spigelii, situated between the posterior part of the transverse fissure, and the vena Cava. another stretching downward, from the middle of the great right lobe, to the lobulus Spigelii, re=sembles a process of the liver, and is denominated Lobulus Caudatus. Between the Umbilical fissure, and the depres=sion for the Gall-bladder, is a protuberance called Lo=bulus Quartus, or Anonymus.

This Viscus has five systems of vessels, appropriated to the performance of its functi=ons viz the Hepatic Artery, which is the largest branch of the Coeliac, the two Venae Cavae Hepaticae, which some=times enter the Vena Cava, previous to its piercing the diaphragm, but generally they enter close together, and there are three perforations; they take up the superfluous quantity of blood from the hepatic artery, and the Vena portarum. The liver recieves its sensibility from Nerves which pass from the Coeliac plexus, formed by the Splanchnic gan=glions, and also by filaments from the par Vagum, phre=nic, and lumbar nerves; this plexus surrounds the root of the Coeliac Artery. From this plexus many fibres proceed, which form two, called the right, and left hepatic plexus, which surround the hepatic artery, and vena porta=rum, and accompany them in their ramifications through

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the liver, being enclosed by Glissons Capsule. The Lymphatics of the liver, are extremely numerous, and are superficial, and deep seated — the former pierce the diaphragm, and in this way carry their contents to the thoracic duct; — the latter emerge from the liver at the portae, and unite with the thoracic duct in the abdomen. The Glandular, or Parenchymatous substance of the liver, is of a reddish brown colour, and when cut into, of a moderately firm texture; the surface when divided, exhibits the mouths of the different vessels. When the internal substance of the liver is exposed, it appears to consist of acini, or small bodies, very distinguishable from each other. The Hepatic duct is formed of very minute vessels, called pori biliarii, which originate from the acini above described, and running together, form finally the <u>great</u> <u>excretory</u> <u>duct</u>. This duct, is very strong, and firm, and passing from the transverse fissure of the liver, about an inch, and a half distant, unite, with a duct from the Gall-bladder, called Cystic; having united at an acute angle, they pierce the duodenum, in an oblique direction, about six inches from the pylorus. The Gall-bladder is shaped like a pear, with a long neck, and is situated in a superficial cavity, in the concave surface of the right lobe of the liver — and its fundus often projects a small distance, beyond the anterior edge of this viscus. The Gall-bladder is only designed as a repository, for the superfluous bile, secreted by the liver — from which it passes thro' the hepatic duct, and then as it

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were in a retrograde direction, into the Cystic duct, whence it arrives at its destination. In inflammation, and obstruction of the ductus communis, the bile is in considerable quantity, and the gall-bladder becomes much distended. The gall-bladder receives an external coat from the peritoneum covering the liver. The Vena Portarum, is the great peculiarity distinguishing the liver, and is composed of the veins coming from the Chylopoietic Viscera, which unite about three inches from the liver, which it enters at the portae, and there divides into two branches, which supply the different lobes; these branches ramify very minutely, throughout this viscus and from them is secreted the bile. Such is the intimate connection between these different systems of vessels, it it stated, that if one be injected, the fluid will pass into the balance. We have ~~said~~, that the bile is secreted from the Vena Portarum, and would adduce in proof, the fact stated by Haller, that the billiary secretion continues, after the hepatic artery is tied. Mr. Abernethy in the Philosophical Transactions, reports a case, which would appear to militate against this position; the subject was a Female Infant, ten months old — it was ascertained, that the Hepatic branch of the Coeliac artery, was the only one, either for secretion, or nutrition, and that was larger than common. The Vena portarum was formed in the usual way, but terminated in the

Vena Cava, nearly on a line with the renal veins. The liver was of the usual size; but one half nearly, projecting into the left hypochondrium. Now from the bile not possessing its usual acid, bitter taste, it is evident that it was not perfect, properly elaborated, and prepared from materials in a natural state, furnished by the system. This anatomical arrangement we conclude then, was only a lusus naturae, entirely unaccountable, many of which, are daily met with. Arterial blood, does not appear to contain the essential materials, from which, bile, by a vital process peculiar to every gland, can be formed. In the Foetus this is incontrovertibly proven — We discover the Umbilical Vein, bringing a large quantity of arterial blood, and from it is indeed bile secreted, but of a much blander, and milder nature, than that which gives to the foeces, their cathartic properly — the explanation of this circumstance by the celebrated Haller, we are unwilling to admit, viz "that the bile in the foetus is bland, and sweet, for in them, no foeted foeces supply acrid, alkaline vapours; nor is there is any oil absorbed." The Vena portarum, is much assimilated to an artery, in its anatomy, and physiology, being destitute of valves, and performing the office of secretion. Surcharged with a large quantity of oily, saponaceous, and watery matter, and retarded in its course, appears peculiarly well adapted for this secretion, which Chemists assert, to consist of nine tenths water, a

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quantity of yellow matter insoluble, albumen, resin, soda, phos-
-phates of soda, and lime, sulphate, and muriate of soda, and
oxide of iron. Whether the liver secrete, and throws out
from the system, the superfluous Carbon, as supposed by
Bell, and Richerand, thereby acting as an auxiliar to the
lungs, is a point which is shrouded in obscurity, and in the
present state of physiological knowledge, difficult to deter-
-mine. We are far from attributing to this viscus, any power
in the foetus, as assigned by Haller, of protecting the heart
from the impetus of blood, brought by the Umbilical vein.
This secretion we know, is of great importance to the animal
Economy being with the pancreatic juice, poured upon the
Aliment, converted by the gastric liquor, into a soft putta-
-ceous mass called Chyme, produces a chemical action, and
according to some Physiologists, separates the chylous, from
the excrementitious part, and its milder, alkaline, and sa-
-line parts, are absorbed by the lacteals, and taken into the
circulation. In this knotty controversy, we are by no means
solicitous to enter. Dr Saunders asserts, that the bile is anti-
-septic, and to prove it, made the following experiment. He
took equal quantities of ox bile, and blood, put them into
vessels of the same size, and exposed to the same degree of
heat. On the third day the blood began to putrefy — the
bile remained in its natural state. Is the billiary se-
-cretion diminished? the discharges from the bowels assume

a clay colour.

Of the complication, and variety of diseases, to which flesh is heir, none perhaps are much more destrey-sing, and inveterate, than the affections of the Liver. It is a matter of speculation, but surely leads to no practical conclusion, why in affections of the lungs, is the patients spirits exhilarated, hopes vivid, and prospects brilliant — the deluded victim, in the hectic flush, fan-cies the ruddy tint of returning health, and vigour; but in diseases of the noble Viscus now under consideration, we percieve the patients mind as it were, overwhelmed with a dark, and impenetrable cloud, viewing only the sombre side of every picture — a Monk — A perfect Mis-anthrope in habits, and disposition; the delights of for-mer society no longer charm — and the gloomy, and dis-contented being, seeks comfort, and alleviation of his mise-ry in vain, in brooding over his afflictions!! The Physi-ologist seeks in the connection of these viscera with the brain, an explanation of this fact; — his researches however do not assist us in this labyrinth of difficulties It is somewhere stated, that in disease, the buoyancy of hope, and vivacity of spirits, is in proportion to the quantity of blood, sent to the assailed viscus. In this dilemma, ought we not to look to the great influence exercised over the mind, by the digestive organs as a principal cause? We know that

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in inflammation of the liver, the digestive powers are very much impaired. Baillie in his morbid anatomy, mentions three species of tubercles, and also a preternaturally hard, and soft condition to which this viscus is subjected. These diseased states do not at present claim our attention — to consider them individually, would present a wider range, than is contemplated, or consistent with the time allotted for preparing this Essay. Neither is it our intention, to dwell for a moment, upon that diversified train of diseases, which M Portal (who has written so ably upon the subject) has located in the liver. Nor shall we expatiate upon the derangements, incidental to an increased secretion of bile. The field is extensive, and variegated, — We must therefore content ourselves, with culling a few flowers, as we humbly pass along.

Hepatitis — the Liver is susceptible both of acute, and chronic inflammation; the former Dr Saunders observes, as being more intimately connected with its arterial, the latter with its secretory system. Dr Cullen has placed it in the Class Febres, and order Phlegmasiae. His division into acute, and Chronic, stages of Hepatitis, we deem correct, founded in reason, and observation, and shall therefore adopt it in this Dissertation. It is probable that acute hepatitis in our own country, occurs five times, where chronic does once. We will in the first place, advance these principles, viz. that inflam-

-mation may either assail, the peritoneum, covering the liver, the ligaments, or the substance of the liver itself — and that when one part becomes affected, the others may successively partici-pate in the disease — and do contend, with M Portal, that from the external signs, pain, and pulse, a correct opinion cannot be formed, whether the substance, or the membranes be inflamed.

Acute Hepatitis like other inflammatory diseases, commences with some degree of horripilatio, and rigor, which in some instances are so slight, as not to be observed by the patient — succeeded by an increase of heat, a frequent, strong, and hard pulse — Nausea — vomiting — dry Cough — acute pain in the right side (increased by pressure) and extending to the top of the scapulae, and stated by Whytt, often between the vertebrae of the neck, and even to the wrist, and fingers — difficulty of respiration — the patient lies with more ease upon his right side, most pro-bably owing to an inflammation, or adhesions of the liga-ments, and membrane covering the liver — yellowness of the skin, and admata — blood when drawn, presents the buffy coat, which is not however to be considered as a criterion of inflam-matory, because it appears in long protracted fevers, and ac-cording to Hordyce, is very much influenced by the manner in which it is drawn — the serum also yellow — a scalding in passing urine, a symptom mentioned by Dr Johnson, and

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by him ascribed to the quantity, and acrimonious quality of the bile — the pain varies as different parts of the liver are affected — diminution of the secretions — the urine is secreted in small quantities, and tinged with a yellow hue — the bowels are either obstinately costive, or exceedingly loose — thereby denoting morbidly increased secretion — the tongue is generally covered with a white crust, and together with the mouth, and fauces, are extremely dry. These Symptoms in consequence of the resemblance they bear to other diseases, may by the unwary Practitioner, be confounded with them. A correct diagnostic however, may be formed by attending to the history, and progress of the Complaint. The diseases which are mistaken for hepatitis are, Pneumonic affections, Gastritis, Muscular pains, and Nephritis. It may be distinguished from pneumonic affections, by the cough appearing at an earlier period, and being more troublesome — respiration more difficult — no pain in the shoulder, unless there be an adhesion to the diaphragm — the stomach not affected. From Gastritis, as in the latter disease, the pain in the stomach is excruciating, and the irritation so great, that no article however mild, can be retained — the pulse also smaller, quicker, more frequent, and corded. From Muscular pains, by their being much increased by change of posture, and alternating with rheumatic pains, in one, or more of

the joints. From Nephritis, by the pain being seated in the Lumbar region, and a retraction of the testicle, on the side affected, and a frequent inclination to pass the urine. The causes of acute Hepatitis are either, predis-posing, or exciting — the predisposing Causes are 1st A, Residence in a warm Climate — heat appears to act peculiarly upon the billiary secretion. 2d Sex — the Female sex being less exposed to the influence of the Causes, are consequently not so liable to the disease. 3d Peth-ora, which is a predisposing cause of the Phlegmasiae in general. 4th We are informed by a Gentleman of intelli-gence, and veracity, that hepatitis very frequently appears among Soldiers, Sailors, and persons residing in Military Camps, and Garrisons, who have been restricted to salted food. 5th Sanguine Temperament. The Exciting Causes of Hepatitis are, 1st Sudden Vicissitudes of Weather — Keeping this fact in view, we can very intelligibly understand, why such a vast number of cases of acute hepatitis occur, in the United States, and more especially in the Northern section of our Country. 2d Cold. 3d Night air. 4th Blows 5th Wounds 6th Inflammation of neighbouring Viscera. 7th Partial appli-cations of Wet, when the body is heated, or in a state of per-spiration. Terminations — 1st In Resolution by Bil-lious Diarrhoea, Haemorrhagies from the Nose, and Haemor-rhoidal Vessels. The inflammation not terminating by

either of these modes, blood crowds to the part, the ves-
-sels become enlarged, and a quantity of Coagulable lymph
is thrown out, and fortunately for the patient, connects
the liver with some neighbouring viscus. If the symptoms
of fever, and local pain, continue violent, to increase rapid
-ly for a few days, abscesses form, which Baillie states
may contain several pints of Matter; and in some in-
-stances he has seen the whole liver completely excavated.
Pringle saw but one case, which recovered, after abscess
had formed. And M Portal gives it as his opinion, that
when suppuration has been established in the structure of
the organ, the case may be considered hopeless, with some
very uncommon exceptions. This is indeed a humiliating
confession to be made, by men so eminent, for Professional
attainments, and ability. When suppuration takes place on
the convex surface, adhesions having been previously formed,
the matter points externally, and may be evacuated by an
incision thro' the parietes of the abdomen. When existing
in contact with the diaphragm, the pus destroying this membrane
enters the thorax, passes thro' the pleura, and is discharged by the
mouth. An interesting case of this kind we witnessed a few
months since, in the New York Hospital — the patient was
evidently declining — Complection sallow — ad nata tinged
with a yellow hue — pulse rather quick, full, and soft —
night-sweats, and other symptoms of debility had supervened

the treatment was adapted to the character, and urgency of the symptoms — the Tonic was thought to be indicated, and was accordingly adopted — still no amendment in the symptoms was manifested. Another Physician having entered upon the prescribed duties of the Institution, pursued a diametrically opposite mode of practice — the patient was bled copiously, and after having discharged several pints of pus, by expectoration, ultimately recovered. If adhering to the intestines, colon, or duodenum, (attended with comparatively little danger) or to the ductus communis, the pus is discharged by the bowels, and not much inconvenience is experienced; or the matter may be effused into the cavity of the abdomen, which rarely takes place, and always we apprehend proves fatal, unless speedily evacuated. The most striking symptoms of suppuration having supervened, are, a diminution of pain, pulsation, and weight in the right hypochondrium — frequent rigors, an accession of fever towards evening — night sweats — flushing of the face, and other symptoms of hectic fever. Terminates also by Sphacelus, of which Morgagni saw but one case.

Treatment — As the Liver is so plentifully supplied with blood, the treatment necessary to subdue its inflammatory action, must be exceedingly active, and energetic. 1st Venesection, to be regulated by the violence of the symptoms — if they imperiously

demand it, blood letting may be repeated, three, or even four times, in the twenty four hours. and twelve, or sixteen ounces, abstracted each time, from a large orifice. 2d Cathartics as Sulphas Sodae, vel Magnesiae ℥j. — Mercurial Cathartics as Pulv: Convolv: Jalapae grs XV Sub Murias Hyd: grs X — Pulv: Jalap: compos: grs XX Sub Murias Hyd grs X. 3d Blisters, when the excitement is sufficiently subdued — they should be large — and Dr Saunders recommends a quick succession of them, as being more efficacious, than long protracted discharges from a single vesication. 4th Small doses of Calomel, and Antimony. Mercury in any form, is highly mischievous when given in the active inflammatory stage of hepatitis — the same observation applies with respect to Antimony — they being powerful stimulants, must very much aggravate the desease, which they, conjoined with other medicines, were employed to subdue. 5th Warm Bath — Dr Jennings's celebrated Vapour Bath, might probably produce the happiest effects.
6th Complete Rest. The Diet should be strictly antiphlogistic. Barley water, toast water, Molasses and water — Milk and water — Sago, tapioca, arrow Root, prepared in the usual way, but without the addition of wine. these articles are not only very mild, but are nutritious, and easily digested — a great desideratum in all fevers, more especially those of the inflammatory character.

Chronic Hepatitis – Such is the peculiar organization of the liver, that it may labour under a chronic affection, and no indications be afforded of the dreadful ravages which it is committing upon the system. Persons have died, apparently of other diseases, and when the liver was examined, it presented nothing but a hateful mass of disease – and we are surprised, that the system could have borne up, under the prodigious lesion of an organ, maintaining so distinguished a rank in the Animal Economy. Notwithstanding the symptoms of Chronic Hepatitis are exceedingly obscure, but not the less dangerous, they may be discriminated, and detected. Symptoms of Chronic Hepatitis – The disease commences, and advances in an insidious manner – the pain is dull, heavy, and attended with a sense of weight in the right hypochondrium, occasionally shooting to the shoulder – slight degree of fever, and the circulation is somewhat increased – the patient is sensible of an augmented heat, especially a burning, in the hands, and feet – depression – dulness – restlessness – the patient becomes impatient of the stimulus of day – rests only upon his right side – lying upon the left, giving him acute pain – dreams frequent, and distressing, which very much mar the comforts inspired by "Kind Nature's sweet restorer" – extremities frequently cold – respiration somewhat oppressed, more especially upon exercise, by the diminution of the

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chest, from the great enlargement of the liver, which in one case, is stated by Bartholine, to have weighed forty pounds — the tongue, and teeth, from this degree of inflammation will be covered with a yellow sordes — the skin is tinged with a yellow hue — so also is the ad=nata — the urine turbid — costiveness — the stools being either clay coloured, from the want of bile, or of a dark brown, from the bile of the gall bladder, having been inspissated by absorp=tion — great irritation of the stomach, — nausea — vomiting, sometimes of a dark brown, viscid bile — tumor of the abdo=men greatly increased, and when examined, the patient should be placed upon his back, and during expiration, and also in an erect posture, during inspiration. The liver becomes so much enlarged, as to extend to the left hypochondrium. (the Spleen may become also enlarged from the great determination of blood to that viscus) — the liver may also be increased, so as to press upon the right Kidney. Guided by Physiologys lamp, we cannot conceive, how a regur=gitation of blood thro' the hepatic artery, upon the heart, should produce the intermitting pulse, as asserted by some; an obstruction existing between the left Ventricle, and where the Subclavian arteries rise, it is perfectly con=sonant with the laws of the system to presume, would oc=casion an irregular contraction of the arteries.

<u>Causes</u> — In Chronic inflammation of the liver, the ve

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na Portarum is implicated, and there are manifest signs of indolence, and want of activity. 1st When active inflammation of the liver has not been entirely subdued, the disease frequently becomes chronic. The effect of this action, especially when protracted for a considerable time, must necessarily be, that of inducing an alteration in the structure of the part — an alteration similar to what obtains, in other parts, labouring under chronic, and indolent inflammation — this change of structure from its solidity, and compactness, appears to depend upon Saunders assertion the effusion of coagulable lymph, into the parenchymatous substance of the liver, and in this case is poured out by the veins — thus Schirrus is produced, from the great debility of the extreme branches of the vena portarum, more especially. This disposition continuing, and no corresponding absorption, will not great enlargement be the consequence. 2d "The play of the Passions" — the strong effect of mental emotions as grief, fear, disappointed love, great anxiety, more evidently displayed by Tradesmen, and others solicitous for the success of perhaps hazardous enterprizes, upon the functions of the stomach, and liver, are subjects of daily observation. Hence it happens, that Chronic Hepatitis is frequently mistaken for a dyspeptic state of the stomach — the disease however notwithstanding the nausea, and eructation of air, which affords relief, is situated in the liver

3d Heat of Climate. 4th Ingurgitation of Spirituous Liquors
The habitual, and assiduous Devotee of Bacchus, whilst
wantoning in the excess of pleasure, and exalting his
hopes to an enviable pitch, dreams not, that the Necta-
-rine draught, is radicating in his system, a most for-
-midable disease, to which his proud Spirit, must sooner, or
later succumb. Upon this subject, Dr Darwin has
facetiously borrowed, and happily introduced the fable of
Promethens, who was "painted as stealing fire from heaven,
which might well represent the inflammable Spirit
produced by fermentation; whence the conquests of Bac-
-chus, as well as the temporary mirth, and noise of his
devotees. But the after punishment of those who steal
this accused fire, is a Vulture gnawing the liver — and
strongly allegorizes the poor Inebriate, lingering for
years, under painful hepatic diseases." Hydrogen Gas
entering very largely into alkohol, Trotter is inclined to
think, acts chemically upon the bile, and blood, and in
this way has "some share in producing hepatic diseases" —
it may increase he continues, the generation of billiary
Calculi, and the disposition to dyspepsia, which pre-
-vail in the Constitutions of inebriates". That Hydrogen
gas is evolved from the lungs, we are not disposed to
question — for persons who habitually drink ardent Spirits,
exhale a most offensive Odour; but do presume, very

much to doubt, the correctness of the mode, in which these substances produce a morbid impression, upon the liver, as assigned by Dr Trotter. In consequence of the ingurgitation of spirituous liquors into the stomach, and Duodenum, the termination of the bile-duct in this intestine, becomes stimulated into unnatural action, and a greater quantity of bile is effused — but as all parts of the body, that have been affected with stronger stimuli, lose their susceptibility to the influence of their natural weaker stimuli, it follows that the secretion of bile is much diminished, during the periods of sobriety. If this ingurgitation has been daily, and in considerable quantities indulged in, when relinquished, a paralysis of the duct ensues, and the bile being accumulated in the ducts, and liver is absorbed. This is the explanation of the ingenious Darwin, of a phenomenon, so fraught with distress, and ultimate destruction to the patient. We believe it entirely correct, and perfectly in unison with the laws, and operation of that mysterious principle, Sympathy. 5th Intermittent, and Remittent fevers frequently terminate in chronic inflammation, not only of the liver, but also of the Spleen, and these enlargements are popularly denominated, Ague cakes, owing doubtless, to a torpid, and indolent circulation in these Viscera. We shall now trace the consequences of those

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checks, and interruptions to the billiary secretion. 1st A defective, or irregular assimilation must ensue, when the peristaltic motion of the intestines, is unnaturally slow; because the chyme, is not presented in a proper manner, to the mouths of the lacteals — From this source alone, must arise a considerable share of that debility, and emaciation occurring. 2d Many prejudici-al chemical changes must take place, notwithstanding we are opposed to the admission of chemical laws, to ex-plain vital processes, and phenomena, during the retention of fæces in the alimentary canal, partly from the remora itself, and partly from the deficiency of bile. From this source, arise those flatulencies, eructati-ons, acidities, creating such uneasy sensations, throughout the alimentary canal. 3d Extraordinary retention of fæces, cannot but be prejudicial to health, as every one must have observed in his own case — from this source, arise headaches, and Authors assert that fever is often kept up, if not produced by the irritation. 4th A deficient secretion of bile, and torpid state of the intestines Dr Johnson declares admit of, or give rise to accumula-tions of mucus throughout the whole line of the primæ viæ, proving exceedingly detrimental to the gastric, and intestinal digestions — this mucus occasionally becomes so viscid, as to obstruct in a very considerable degree

the passage of fæces, and chyme along the line of intes-
-tines; and also the elimination of bile, from the duct,
into the duodenum — in consequence of which the bile
becomes inspissated, and gorges the pori biliarii; at
other times prevents the bile from passing downwards,
causing a regurgitation of it, into the stomach, which
either excites sick head aches, or billious Vomitings.
6th In a torpid state of the billiary secretion, there
is very frequently, an absorption of this fluid, produ-
-cing that peculiar yellowness of the skin, called by
Darwin, bombycinous. Terminations of Chronic
Hepatitis. It Terminates 1st In Ascites — produced
most probably, by the impediment offered for the trans-
-mission of blood, thro' the Vena Portarum, by the en-
-larged liver. 2d In Anasarca — the consequence of
great debility of the absorbents, and pressure of the liver,
upon the Vena Cava. 3d In the Hemorrhoids. 4th In
extensive Abscesses. 5th In Schirrus — the peculiar state
of the liver in this morbid affection, has been already
explained. Treatment. Bloodletting should first be
premised — the lancet must not however be wielded
with such an intrepid hand, as in the acute form of
the disease. Small bleedings, and frequently repeated,
to be regulated by the symptoms, will prove most
efficacious. 2d Cathartics — Saline, and Mercurial

as Glauber, and Epsom Salts or Calomel, and Jalap com-
-bined, or equal parts of Cremor Tartar, and Jalap. They
not only reduce arterial action, but very much di-
-minish the engorgement of the liver. In some dis-
-eases, purging may be carried to an almost incredi-
-ble extent, and the patient who is subjected to
these profuse evacuations, so far from being debilitated
and sinking daily improves. We should therefore with-
-out hesitation, evacuate the bowels of our patient, every
other day, with one of the above mentioned Cathartics
if the abdomen, and right hypochondrium were much
distended, and the powers of the system would sustain
such vigorous treatment. 3d Small Doses of antimoni-
-al Powder, and Calomel — which not only evacuate the
bowels, promote diaphoresis, but assist in restoring tone
to the liver. 4th The application of Cups, is also advanta-
-geous. 5th But the most important topical Applica-
-tion is Blisters, kept continually discharging by being
dressed with Mercurial Ointment, or a succession of
them. Blisters in some species of fever, appear to act
unintelligibly, by quelling excitement, and tranquillizing the
patients feelings. In hepatitis they act probably by
stimulating, and then evacuating topically. 6th Setons.
7th These remedies failing to eradicate the complaint, we
should appeal to the Sampson of the Materia Medica

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Mercury" – this medicine in its operation upon the sys-
-tem, exerts a wider pervading influence, than any other –
and has been supposed to act specifically, upon the glan-
-dular, and absorbent systems. It is a point that has
been much agitated, and canvassed, but assuredly cannot
impart any magic influence to our remedies, why medi-
-cines should select with an apparent fastidiousness, one
system of vessels rather another, upon which to exert their
peculiar powers. The patient should be subjected to a
slight Ptyalism – during which, he should be protected from
the deleterious consequences of the vicissitudes of the weather,
and not venture out of his room, if the atmosphere be
cold, or damp. Exercise in the open air, if the febrile
excitement be moderate, and the his weather mild, will
be highly serviceable. If debility prohibits the exhibi-
-tion of calomel, which we consider the most eligible
form of mercury, the tone of the system must be restored
by nutritious, and moderately stimulant animal food, –
this being effected, our medicine should be resorted to, and
persevered in – about one drachm of Mercurial Ointment,
rubbed upon the right hypochondrium, or thighs, may
be conjoined, to accelerate the ptyalism. Nitric acid
has attained a considerable reputation in Chronic hepatitis –
One, to four drachms may be taken in divided doses, in
the twenty four hours – A pleasant formula is, to make

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it into a Julep, with mucilage of gum arabic, and mint, or Lavender water, with Loaf Sugar. If acidities in the primae viae should exist, give the fixed alkalies as a solution of Carbonate of Sodae, or what is preferable, carbonate of potash in solution, or made into Pills, with Rhubarb - or Magnesia. All inflammatory symptoms having been completely removed, we should now call into our aid, Tonics - as Colomba, the Bitter Infusion, and Decoction, the Tincture of Bark in Port Wine, the various preparations of Iron, Cold Bath, generous Diet, Porter, Brandy, and Water, Exercise, Agreable Company - Mineral Waters, into whose composition, Iron, and the neutral salts enter - and finally a Journey, which is exceedingly well calculated, by the gestation it affords, diversified scenes presented, mingling with the world, alternately borne upon the pinions of hope, and expectation, to beguile the lonely way, and prevent our patient from sinking into a state of Ennui, which degenerates into Melancholy, than which, nothing has a greater tendency to mar the enjoyments of life, and infuse into the Cup of domestic tranquillity, the baneful ingredients of discontentment, and jealousy.

Finis